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Officer tille Fa	perwork neduction Act of	1995, no person are re	quired to	respond to a collectic				D CONTROL HUMBE	
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
						0/590,095-Conf. #4153			
FEE TRANSMITTAL						lay 10, 2007			
For FY 2009				First Named Inventor Felipe A. Donate					
101112003						Гiffany M. Gough			
Applicant claims small entity status. See 37 CFR 1.2		'	Art Unit		1657				
TOTAL AMOUNT OF PAYMENT		(\$) 180.00	(\$) 180.00		Attorney Docket No. 6		31957A US		
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	Not	ne Other (please identify)	::			
X Deposit Ac	count Deposit Account N	Number: 04-	1529	Deposit /	Account Name:_	Dow Ag	roScience	s LLC	
For the	above-identified depo	sit account, the Di	rector is	hereby authorize	ed to: (check	all that apply)		
x CI	narge fee(s) indicated	l below		Charge	e fee(s) indi	cated below, e	xcept for t	he filing fee	
	narge any additional f e(s) under 37 CFR 1.		ments o	f x Credit	any overpay	ments			
FEE CALCUI	ATION								
	G, SEARCH, AND E	XAMINATION FEE	S						
		_ING FEES		ARCH FEES	EXAMINA	ATION FEES	\$		
Application T	rna Fac (¢	Small Entity	Eac (¢	Small Entity	Foo (t)	Small Entity	Eass	Daid (#\	
Application Ty Utility	<u>/pe</u> <u>Fee (\$</u> 330	<u>Fee (\$)</u> 165	Fee (\$) <u>Fee (\$)</u> 270	<u>Fee (\$)</u> 220	<u>Fee (\$)</u> 110	rees	<u>Paid (\$)</u>	
3	220	110	100	50	140	70			
Design Plant	220		330	165		70 85			
		110	540		170	325			
Reissue	330	165		270	650		-		
Provisional	220	110	0	0	0	0			
2. EXCESS CLA	AIM FEES						Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)							52	26	
Each independent claim over 3 (including Reissues)						220	110		
Multiple dependent claims						390	195		
Total Claims	1 1		Fee Paid (\$)		Mu	Multiple Dependent Claims			
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	ber of total claims paid for						•	_	
Indep. Claims	Indep. Claims		Fee Paid (\$)						
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HP = highest num	ber of independent claims	paid for, if greater than	1 3.						
	N SIZE FEE ation and drawings exter 37 CFR 1.52(e)),							:0	
	action thereof. See 3					,,,			
Total Sheet	<u>Extra Sheet</u>	s <u>Number o</u>	of each a	dditional 50 or frac	ction thereof	Fee (\$)	<u>Fee</u>	Paid (\$)	
	100 =	/50 =		(round up to a who	ole number) x		=		
4. OTHER FEE(S) Fees Paid (\$)									
Non-English	Specification, \$130) fee (no small ent	ity disc	ount)					
Other (e.g., l	ate filing surcharge):	1806 Submissi	on of a	n Information D	isclosure S	Statement	1	80.00	
SUBMITTED BY									
Signature	/Jarett K. Abrams	arett K. Abramson/			47,376	Telephone	(317) 33	37-3848	
Name (Print/Type)	Jarett K. Abramso	(Attorney/Agent)		Date	December	· 16, 2009			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: December 16, 2009 Electronic Signature for Dena H. Tuchman: /Dena H. Tuchman/